



## GREAT DISCOUNTS AND A \$150 REBATE FOR JOINING A QUALIFIED FITNESS CLUB!

### Our network includes:

- The Tufts Health Plan network of fitness centers in Massachusetts—76 health and fitness centers, and 36 Boys & Girls Clubs
- GlobalFit network of fitness centers—more than 10,000 locations nationwide
- Select Curves® locations in New England—approximately 169 locations
- Select Fitness Together locations—34 in Massachusetts

### How to Get Your Rebate

Getting your rebate is simple. After at least four consecutive months of both:

- Membership with Tufts Health Plan
- Membership with a qualified fitness center,

fill out the Fitness Rebate Form\*\* on the back of this flyer and submit it, along with proof of membership and proof of payment. We'll reimburse you up to \$150 of your health and fitness club fees for the year.

**No one does more to keep you healthy than Tufts Health Plan.**

Regular exercise is an important part of living a healthy lifestyle, and we want to do whatever we can to help you and your family incorporate activity into your daily lives. That's why **your Tufts Health Plan membership includes a \$150 rebate per household toward your health and fitness club\* fees.**

### And That's Not All—More Discounts Mean More Savings for You

**In addition to the \$150 reimbursement**, as a member of Tufts Health Plan, you are eligible to receive the following discounts:

- Save up to 20% when you join a Tufts Health Plan network fitness center located in Massachusetts. Initiation fees are waived at these facilities.
- Save up to 60% on membership fees at any GlobalFit network fitness facility—there are over 10,000 locations nationwide to choose from.
- Receive a 50% discount when you join a participating New England Curves® club.
- Save 10% on the purchase of personal training packages at Fitness Together and the initial consultation is free.

\*Qualifying health and fitness clubs are exercise facilities that offer equipment for cardiovascular and strength-training, and improving physical fitness.

\*\*The rebate applies only once per household, per year, after you have incurred up to \$150 of qualified health and fitness club fees. The \$150 rebate may be considered taxable income. Requests for rebates without the designated form or related documentation may delay or result in denial of your claim.

### FOR MORE INFORMATION

Member Services 1-800-462-0224

[tuftshealthplan.com](http://tuftshealthplan.com)

**TUFTS  Health Plan**

*No one does more to keep you healthy.*

# FITNESS REBATE FORM

Please print clearly. Required sections are marked in blue. Retain a copy of all receipts and documents for your records. Please be sure to sign the form. Subscribers or members can submit for reimbursement through **March 31<sup>st</sup>** of the following year for the previous calendar year.

<b>1. Member's Tufts Health Plan #</b> <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>	<b>2. Member's Name (Last, First, Middle Initial)</b> <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>															
<b>3. Member's Date of Birth</b> /      / Sex: <input type="checkbox"/> M <input type="checkbox"/> F	<b>4. Member's Relationship to Subscriber</b> <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other															
<b>5. Subscriber's Name:</b> Address: Telephone: (      )      -	<b>6. Fitness Club Name:</b> Address: Telephone: (      )      -															
<b>7. In what setting did the member receive treatment?</b> (e.g., office, ER, hospital, clinic, ambulance, etc.)  <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>	<b>8. Outside the USA:</b> In what country was the member seen? _____ In what language was the bill written? _____ In what currency was the bill paid? _____															
<b>9. DIAGNOSIS: What were you seen for?</b> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>Diagnosis Code: <u>799</u></span> <span>Description: <u>General</u></span> </div>																
<b>10.</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 15%;">A</th> <th style="width: 65%;">B</th> <th style="width: 20%;">C</th> </tr> </thead> <tbody> <tr> <td style="font-size: small;">Year of fitness club membership</td> <td style="font-size: small;">Procedure code and/or description of procedures, services, or supplies provided</td> <td style="font-size: small;">Amount paid</td> </tr> <tr> <td></td> <td>* T4220 Health club membership, annual</td> <td></td> </tr> <tr> <td></td> <td>*</td> <td></td> </tr> <tr> <td></td> <td>*</td> <td></td> </tr> </tbody> </table>		A	B	C	Year of fitness club membership	Procedure code and/or description of procedures, services, or supplies provided	Amount paid		* T4220 Health club membership, annual			*			*	
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	*															
	*															
<b>11. Total Amount Paid:</b> _____																
<b>12. Proof of service(s) through:</b> <input type="checkbox"/> An itemized bill from the fitness club, listing year of membership and dollar amounts paid																
<b>13. Proof of payment through one of the following:</b> <input type="checkbox"/> The front and back of the cancelled check written to the fitness club or the bank-encoded front of the check written to the fitness club <input type="checkbox"/> A credit card statement or receipt <input type="checkbox"/> A statement from the fitness club, on the fitness club's letterhead with authorized signature, indicating payment was made <input type="checkbox"/> A receipt for purchased items, with the fitness club's name and address preprinted on the receipt, with items listed and amount paid																
<b>14. Signature is required</b> I attest that the above information is accurate and complete. I understand that the \$150 fitness rebate may be considered taxable income. <div style="border-top: 1px solid black; width: 100%; margin-top: 10px;"></div>																

<b>INTERNAL USE ONLY</b> Representative's Name/Extension:	Corporate Receipt Date:
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Please submit this form and all documentation to:

**TUFTS HEALTH PLAN**  
**MEMBER REIMBURSEMENT CLAIMS, PO BOX 9191**  
**WATERTOWN, MA 02471-9191**

